



CHILD CARE SERVICES

City of Bloomington
Community & Family Resources Department
City Hall at Showers
401 N. Morton Street, Room 260
P. O. Box 100
Bloomington, Indiana 47402
(812) 349-3430 Fax: (812) 349-3483

Dear Parent,

Please complete and sign the attached application for the Child Care and Development Fund (CCDF) **wait list**. In order to be on the CCDF wait list, you **and** your spouse or other parent in the household must either be working, enrolled in school or in training (up to bachelors degree, graduate students are **not** eligible), or a combination of both.

You will need to enclose copies of your pay stubs for the last 30 days and/or a school schedule to prove that you meet these requirements. If you have not been working long enough to have 30 days worth of paystubs, you must have ***your employer*** complete the attached Verification of Earnings form. It is not necessary to complete the form if you are submitting paystubs.

If you are not currently employed or in school, or you are an expectant mother with no other children, you are not eligible for the CCDF wait list at this time. If our office receives your application and determines that you are not eligible, we will send notice of your ineligibility.

It is your responsibility to advise our office of any change in circumstances. This includes, employment, marital status, income, number of children, and change of address and/or phone number. **If you do not notify us of any new address, we may be unable to reach you when funds are available, and your name may be removed from the wait list.**

If we do not receive the supporting documentation, your name will **not be added** to the CCDF wait list. If you have any questions, please feel free to contact our office at (812) 349-3430.

Sincerely,

Child Care Services

CCDF Waitlist Application – Monroe County

Please return completed application to: Child Care Services, Community & Family Resources Department,
401 N. Morton, Suite 260, P.O. Box 100, Bloomington, IN 47402

Applicant Information (Parent)

First Name	MI	Last Name	Telephone	Other Contact Phone
Address		City	State	Zip

Date of Birth	* Social Security Number	Race/Ethnic (i.e. white, African American, etc.)	Employer or School if student	Employer Phone	Highest Grade Completed or Degree	Undergrad or Grad student

Please circle one of the following: **Single, never married** **Married** **Married (separated)** **Divorced** **Widowed**

Other Adults in Household			Relationship to Applicant	Date of Birth	* Social Security Number	Employer or School if student	Employer Phone
First Name	MI	Last Name					
Race/Ethnic (i.e. white, African American, etc.)					Highest Grade Completed or Degree		Undergrad or Grad student
First Name	MI	Last Name					
Race/Ethnic (i.e. white, African American, etc.)					Highest Grade Completed or Degree		Undergrad or Grad student

Child(ren) Information *(list all children in the household)*

First Name	MI	Last Name	Relationship to Applicant	Date of Birth	* Social Security Number	Race/Ethnic (i.e. white, African American, etc.)	Child needs care? Yes or No

** Disclosure of your Social Security number (SSN) is optional.*

Total Family Gross Monthly Income (before taxes): _____

(Please include wages, TANF, child support, SSI and
any other income received. Must supply documentation.)

*I hereby certify that all of the above information, provided by me,
is true and correct to the best of my knowledge.*

Signature of Applicant

Are you on TANF Impact? _____

Are you on TANF? _____

Are you on Food Stamps? _____

Date

For Office Use Only

Date Received: _____

Appointment: _____ RS NS

_____ RS NS